
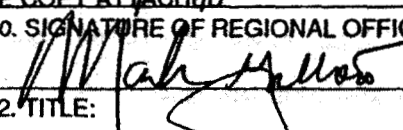


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 2 - 0 0 - 7</u>	2. STATE: North Dakota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: CFR Part 435		7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>233,950</u> b. FFY <u>2003</u> \$ <u>230,140</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6-A page 8 and 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 2.6-A page 8 and 9	
10. SUBJECT OF AMENDMENT: Eligibility - Medically Needy Income Levels			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: David J. Zentner Director, Medical Services North Dakota Department of Human Services 600 E Boulevard Ave-Dept 325 Bismarck ND 58505	
13. TYPED NAME: David J. Zentner			
14. TITLE: Director, Medical Services			
15. DATE SUBMITTED: January 18, 2002			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: January 25, 2002		18. DATE APPROVED: <u>4/22/02</u>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>JANUARY 1, 2002</u>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Mark Gilbert		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

POSTMARK: January 18, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

☒ Applicable to all groups.

☐ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1/</sup>	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1/</sup>
<input type="checkbox"/> urban only				
<input checked="" type="checkbox"/> urban & rural				
1	\$ 492	\$	\$	\$
2	\$ 508	\$	\$	\$
3	\$ 658	\$	\$	\$
4	\$ 783	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

<sup>1/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for ____ months  <u>/</u> urban only	(3) Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1/</sup>	(4) Net income level for persons living in rural areas for ____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1/</sup>
5	\$ 900	\$	\$	\$
6	\$ 991	\$	\$	\$
7	\$ 1066	\$	\$	\$
8	\$ 1116	\$	\$	\$
9	\$ 1175	\$	\$	\$
10	\$ 1233	\$	\$	\$
For each addi- tional person, add: \$ 55				

<sup>1/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.